

Health and Wellbeing Board

3 March 2014

Update Report Development of an Urgent and Emergency Care Strategy for Walsall

1. Purpose

To provide the reader with an update on the progress of the development of an Urgent and Emergency Care Strategy for the borough of Walsall, a summary of the outcomes of the Urgent Care Review, the development of a long list of options and to provide an understanding of the options appraisal methodology and tool.

2. Recommendations

For the reader to:

- **Note** the outcomes of the Urgent Care Review in appendix 1;
- **Note** the development of the long list of strategic options for the future of urgent and emergency care service provision;
- **Note** that the long list of options have been tested with the Locality Board's and the Urgent Care Working Group during February 2014 to ensure no options have been missed;
- **Support** the options appraisal tool and methodology which will be presented at the meeting.

3. Background

Patient care is our top priority. Urgent and emergency care has been in the media for some time due to the pressures seen locally in Walsall but also nationally. The review of local urgent and emergency care services is essential to improve the quality of care we provide across the borough and is being undertaken in partnership with Public Health and our local authority partners and through active engagement with stakeholders and the public.

The review will help us to understand the existing system, what works well and how people think things could be improved so that we can design an efficient and effective future Urgent and Emergency Care system that the people of Walsall can be proud of.

The chart below describes the progress that is being undertaken to develop the strategy.



4. The outcomes from the Urgent Care Review

The outcomes from the Urgent Care Review have now been collated and the high level themes captured, please see appendix 1. We have included the outcomes of the market research undertaken at urgent care locations, the data review, the listening exercise and the site visits.

Over 800 patients actively using the services at A&E, the Walk in Centre, the Emergency and Urgent care Centre and the Out of Hours Service gave their views. In addition, over 670 people, both stakeholders and the public, have responded to the listening exercise held in January 2014 together with a significant additional number of views totalling approximately 200+ from face to face meetings we have attended where people's views were collectively captured and fed into the review.

5. Developing a long list of options

During February 2014, we have been designing a long list of options for the future Urgent and Emergency Care system using all the information that we have gathered from the Urgent Care Review. The long list has been tested with GP Locality Boards and stakeholders at the Joint Urgent Care Working Group to ensure there are no additional options that have not been considered.

Further to the testing of the long list of options with the identified groups, the options will then be taken through an options appraisal process to identify the final option (s) which will be subject to a formal 12 week public consultation process expected in April –June 2014 (if service change is identified).

The options appraisal tool and methodology has been developed by our partners in Public Health and will be shared with Healthwatch, the Local Medical Committee, Health and Well Being Board and Health Scrutiny and Performance Panel to provide some assurance to the robustness of the process being undertaken.

The options appraisal tool will be circulated at the meeting.

6. Key Risks

1. Delay in reviewing the current arrangements could lead to unsustainable pressure on existing services, in particular the Accident and Emergency Department leading to rising waiting times, risks to quality of care and poorer patient experience;
2. Due to the regeneration of the town centre, the existing location (the building) that houses the walk in centre at 19-20 Digbeth Street in Walsall, has been identified as a location that may be regenerated. Plans to mitigate any risk to service provision are currently being developed by the CCG. The outcomes of the urgent care review will be fundamental in identifying what future service provision is required and the required location;
3. Timescales for delivery of the programme of work are limited to ensure that we have a Strategy that is agreed for implementation prior to next winter.

7. Conclusion

Our aim is to improve access and integration across services for people with urgent healthcare needs, by ensuring the system is well communicated and simpler to navigate. We want to ensure that services are available at the right place, the right and first time for all patients using our services.

To do this we have actively engaged and listened to our community, both as patients and stakeholders through the listening exercise, market research and site visits. We have also used data and contracting outcomes to develop a range of options which have been tested with the Locality Boards and the Urgent Care Working Group to ensure we have a wider clinical perspective.

It must be made clear that no decisions have been made on the future of urgent and emergency care in Walsall. We will continue to work with key stakeholders and the public to ensure that we design an urgent and emergency care strategy for patients using services in Walsall (expected August 2014).

Further updates will be provided throughout the programme to both the Health and Well Being Board and the Health Scrutiny and Performance Panel.

For further information, please contact:

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Appendix 1 – Outcomes of the Urgent Care Review – Feb 14



Improving Health
and Wellbeing for Walsall

Summary of the outcomes – Urgent Care Review

14.02.14



Walsall Clinical Commissioning Group

Urgent & Emergency Care Strategy Development inc. Urgent Care Review



Urgent Care Review:

Urgent Care Review



Key messages – Public Health

- % of older people is increasing;
- Ethnic minority groups are increasing;
- Life expectancy is increasing;
- Walsall has a high birth rate and this is increasing;
- Increase in Obesity will in the long term put pressure on the system;
- Mental health continues to be an issue.



Key messages - overall

- Patients want to see their GP - By far the most positive feedback was on the quality of care patients receive at their GP practice;
- People want GP access to improve/make it easier for them to see their GP;
- Theme for the need primary care at front door of A&E;
- Timeliness to see a healthcare professional is important;
- Managing people's expectations is important;
- People want seamless care;
- High numbers of patients chose to go to services without consulting any other service;
- We need to improve communication (what is available, times, where);
- People want the 'customer service' to be improved through training;
- Access to services is important (people want us to make it easier and simpler for them to access services – in and out of hours);
 - Transport/how people get to services is important to people;
 - Parking and congestion around the Manor is an issue;
 - People who live close to a service are more likely to use it (for ease rather than urgent need);
 - Younger people are more likely to self present;
 - Older people more likely to be ambulance conveyed;



Themes - Conditions

- Mental health – in and out of hours;
- Pregnancy-related conditions;
- Circulatory, respiratory and digestive diseases;
- Cardiac, UTI's, injuries/poisoning are significant problems for admissions;
- Growth in General Medicine, General Surgery and Gynaecology;
- Paediatric admissions appear to have reduced over time;
- Pneumonia;
- Miscarriages and general abdominal disorders;
- Kidney or urinary tract infection HRGs also appear commonly in emergency spells from all sources and have been rising steadily over time.



Considerations – Key Messages

- Urgent care is a system;
- Need bold and ambitious plans (Everyone Counts Planning Guidance);
- Very political and national driver to deliver;
- We need to design a system that provides high quality care;
- Need to encourage self care (use of pharmacies);
- Encourage outside of hospital urgent care;
- 7 day working;
- We can only influence Primary Care Changes;
- We need to design a system that will sustainable in 3-5 years time.



Walsall Public Health

28 February 2014

V1.5 FINAL

OPTIONS APPRAISAL TOOL

MARTIN EWIN

MATTHEW FUNG

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INTRODUCTION

Walsall CCG is currently undertaking a review of urgent and emergency care services. The aim is to design and commission a local urgent care system that meets the needs of Walsall's population in a cost effective and sustainable way.

To assist in the prioritisation and selection of an appropriate urgent and emergency care option(s) the definition used includes the following services: walk in centres, GP surgeries, EUCC, OOH, A&E, ambulance services and pharmacists.

Walsall Public Health has devised an options appraisal tool to assist in this process.

The tool provides appraisal criteria and questions to allow qualitative and quantitative comparison between the various urgent and emergency care options.

This tool has been accepted by the CCG Urgent Care Strategy Development STAR. This included the approach taken, the criteria and question, as well as the weightings of each category.

The scoring grid is shown at Appendix 1.

The definitions for the weightings are illustrated in the table below.

Criteria Weighting:

Criteria Weighting:	3	2	1
Characteristic	Essential	Very Important	Desirable

APPRAISAL CRITERIA AND QUESTIONS				
Category	Definition	Rationale	Questions	Weightings
1 Access – patients, visitors, staff	<p>Access could be measured in terms of:</p> <p>Location</p> <p>Opening times</p> <p>Road access (transport routes and physical access for ambulances if required)</p> <p>Cultural provision</p> <p>Range of services</p>	<p>We know that certain groups have lower access to health services – either due to geographical factors, economic or through lack of knowledge or confidence. Through restructuring services, we do not wish to inadvertently disadvantage those with greatest need. Access should be equitable across the borough.</p>	<ul style="list-style-type: none"> • Where is the centre(s) located relative to the population? This should include assessing the location of the centre(s) in relation to roads and those with mobility problems (esp. elderly populations). • Good public transport links? Feasibility for patients to walk to the centre(s). • Do ambulances have clear access to the centre(s)? • Does the option exclude specific communities? • Car park nearby with disabled access? • Is travel convenient for staff, especially early mornings and late evenings? • Opening times to maximise patient attendance? 	3 (essential)
2 Integration and proximity to other healthcare	<p>Consideration of proximity to other relevant clinical</p>	<p>Access to services and quality of care provided should be equitable across the borough.</p>	<ul style="list-style-type: none"> • What is the proximity to other relevant clinical services? • What is the relative location 	2 (Very important)

services	services.	Relation with other services should be considered, for example, access to essential services such as diagnostics.	near to a pharmacy? <ul style="list-style-type: none"> • Access to diagnostics? • Will this provide better integration locally and regionally? 	
3 Clinical quality and safety	Services should be safe for patients, visitors and staff, and delivered in accordance with best practice and recommendations outlined by the Francis report and Keogh review; minimising risk, ensuring services meet (and exceed) standards and fostering a culture of continuous improvement.	<ul style="list-style-type: none"> • There is a national strategic policy to move to 7 days working. • Is there national evidence that this model works? • Delivery of higher standards will lead to improved patient outcomes, • Multisite working; different prescribing; sharing of patient records; efficiency. 	<ul style="list-style-type: none"> • Expected staffing requirements - are these realistic? Is there duplication? Does the option meet national best practice for workforce? • Clear lines of reporting and accountability (especially if across more than one site). • Will this model mitigate the risk of clinical error? E.g. reduce handoffs, transfers and duplication. • Does this option provide the full range of required services? • Are standards and quality likely to improve as a result of this option? 	3 (essential)
4 Ease of delivery	Implementation of proposal is achievable within the framework whilst allowing continuity of service.	<ul style="list-style-type: none"> • The options proposed need to be deliverable within the working timescale of the project i.e. for phased implementation from 1st April 2015 and within the 5 year Urgent and Emergency Care Strategy 	<ul style="list-style-type: none"> • Are there major structural and financial considerations and constraints? • Are projected timescales for implementation feasible? • Are there constraints on workforce skills, capacity and 	3 (essential)

		<p>timelines.</p> <ul style="list-style-type: none"> • The CCG needs to be clear if there is likely to be disruption of existing service(s)? Clarity of implementation plans provides more confidence of delivery. • Communications plan should prevent patients (and staff) becoming confused about the future of services, and how to access services if needed. 	<p>availability?</p> <ul style="list-style-type: none"> • Has a similar scheme been successfully implemented elsewhere? 	
5 Sustainability	Is this a sustainable development, in terms of human resources, costs, and environmental impact?	<ul style="list-style-type: none"> • The CCG needs to be clear how the proposal fits with the vision for urgent care. • National and local strategies can provide a steer for the short, medium and long term objectives. • There is a need to fully understand the potential impact of the option(s) on inequality, the local economy, the local environment and local communities. 	<ul style="list-style-type: none"> • Is the cost of the option sustainable? • Are staffing requirements sustainable? • Is this likely to bring gains to the local economy? • What is the projected carbon footprint – for centre (heating, lighting, waste), and staff and patient travel to and from centre. • How future proof is the development – e.g. short term gain vs. long term investment. 	2 (very important)
6 Patient choice & satisfaction	Will this option enhance patient experience and	<ul style="list-style-type: none"> • National NHS policy on choice. • Patient and citizen choice at the heart of decision making. 	<ul style="list-style-type: none"> • Are some groups likely to be disproportionately affected? • Will the option enhance patient 	3 (essential)

	satisfaction?	<ul style="list-style-type: none"> Services should meet the needs of the local population. 	<p>experience?</p> <ul style="list-style-type: none"> How will patient satisfaction be monitored? Will the model provide clarity on where/who to contact for their ailments? 	
7 Strategic fit	Does the option follow local vision, national guidelines and strategic direction?	<ul style="list-style-type: none"> New models need to fit with relevant strategies and best practice policies. For example, Keogh review, CCG strategic plan, Health and wellbeing strategy, JSNA, NICE guidance and guidelines, Royal College & other national guidelines. 	<ul style="list-style-type: none"> Is there a national steer on this proposal? Does the proposal address the most pressing needs for Walsall's population? Will the proposal assist in improving health and wellbeing? 	2 (very important)
8 Indicators of success	How will we measure success?	The CCG needs to be clear in advance which measures, metrics and standards will be used to identify if the expected outcomes and outputs are being realized, such as reducing emergency activity in hospital, improve patient experience and improve A&E 95% target.	<ul style="list-style-type: none"> Possible indicators can be seen from the description of the option. Does the option meet national standards? Does the option improve performance across the system? Will the proposal deliver high quality care? 	3 (essential)

9 Cost and affordability	<p>Consideration of the financial implications of this proposal?</p> <p>What is the envisaged level of service as part of this development?</p>	<p>The CCG needs to ensure commissioned services are affordable.</p> <p>The CCG needs to be able to demonstrate the services commissioned are cost-effective and provide extra value.</p>	<ul style="list-style-type: none"> • What is the anticipated cost-benefit for this proposal? • Will services be improved from a baseline of current provision – within the current cost envelope? • Will the proposal reduce the burden on hospital services? • Is it anticipated that the service will provide added value to the health service, individuals, and/or community? • Is there likely to be a need for ‘double running’ in the option? • Will the option reduce inappropriate use of urgent care services? 	<p>2 (desirable)</p>
10 Inequalities and social justice	<p>Has the development potential to improve or widen health inequalities?</p>	<ul style="list-style-type: none"> • Link to equality and diversity impact assessment. • Health impact assessment may help. 	<ul style="list-style-type: none"> • Does the option widen health inequalities? • Does the option have the potential to narrow health inequalities? • If an adverse effect is likely, is mitigation clear? • Is this likely to improve social cohesion? 	<p>3 (Essential)</p>

APPENDIX 1

SCORING APPROACH

Potential grid for scoring options within an optional appraisal**Scoring:**

Score	Performance	Judgement
5	Meets the standard exactly *	Excellent
4	Meets the standard well but not exactly	Good
3	Meets the standard in most respects, fails in some	Satisfactory
2	Fails standard in most aspects, meets in some	Doubtful
1	Significantly fails to meet standard	Poor
0	Completely fails to meet the standard	Not Worth Considering

*or exceeds